CPB Phase III OCIP Enrollment Form

PROJECT INFORMATION

Project Name <u>Utah S</u>	tate Capitol Restoration Pl	nase III			
Awarding Contractor		Prime Contractor:			
Type of work to be done					
Start Date:					
		CONTRACTOR	INFORMATION		
Your Company Name				Indv Ptshp Co	rp J/V
Your Company's Federal E	mployer Identification Nu	mber:			
Does your company fall und	er: MBE	WBE	_ DBE		
Your Address:					
Office Contact:		Phone:	Fax:	Email:	
Site Contact:		Phor	ne:	_ Fax:	
Safety Contact:		Phon	e:	_ Fax:	
Payroll Contact:		Phone:	Fax:	Email:	
		CONTRACT IN	NFORMATION		
Contract Value_\$		_	Contract Numb	er:02061	
Estimated Project Payroll _	<u>Job class codes:</u>				
% Self Performed Work	% Subcontracted Work Estimate			ited # of Subcontractors_	
CURRENT INSURANCE IN Information Disclosed On 1 Contractor's Worker's Co	This Form Is Subject To Au			Of The Construction.	
Company Name:				nct:	
City:			Phor		
This enrollment form muse by contract:	st be received PRIOR to a st.) Commercial General			ing Contractor's enrollme	nt information is required
	2.) Workers' Compensation Information (Rate) Page/s				
	3.) Certificate of Insurance including wording as required by contract				
Send OR fax this	form and the all required	enrollment information	n to:		
	Willis Insurance Broker	age of Utah	(phone: 801-424-7	7038)	
	Attn: Tonya Gallegos,	OCIP Administrator	email: tonya.galle	gos@willis.com	
	2890 East Cottonwood		fax: 801-942-620		
	Salt Lake City, Utah 84	1121			